

**U.S. DEPARTMENT OF ENERGY
WEATHERIZATION ASSISTANCE PROGRAM
QUALITY CONTROL INSPECTION FORM**

Agency: _____

Job #: _____

Inspection Date: _____

Client Name: _____

☐ Owner ☐ Renter

Physical Address: _____ Zip Code: _____

Year of Construction: _____

Pre-1978 Home: ☐ Yes ☐ No

Housing Type:

☐ Site Built ☐ Mobile Home ☐ Mobile Home w/add-on ☐ Multi-family ☐ Double Wide

Primary Fuel Type:

☐ Natural Gas ☐ Propane ☐ Electric ☐ Oil ☐ Solid Fuel Other: _____

FILE REVIEW

YES NO N/A

Notes:

- | | | | |
|--|--------------------------|--------------------------|------------------------------|
| 1. Eligibility Determination present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Energy Audit Data Collection Form/ Input Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Energy Audit Recommended Measures Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. DBA FacsPro Job Summary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total Job Cost: | | | |
| DOE/DHHR Investment: \$ _____ | | | Utility Investment: \$ _____ |
| Total Job Investment: \$ _____ | | | |
| 6. Daily Material In/Outs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Utility Partnership Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Weatherization Assistant Work Order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Lead Safe Weatherization Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Mold/Moisture Form Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. CO Warning Statement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Hold Harmless Form Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. State Historic Preservation Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Client Education Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Refrigerator Inspection & Replacement Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Pre & Post Combustion Safety Tests/Tapes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Pre & Post Blower Door Results (@CFM 50) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Pre #: _____ Post (QCI verified) #: _____

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 18. Customer Satisfaction Form Signed/Dated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Manual J Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Solid Fuel Appliance Condition Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. WX Tag Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Photo Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. FACS Pro Attachments are complete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Other (Describe): _____ | | | |

ON-SITE WORK ASSESSMENT

	YES	NO	N/A	
HEATING, VENTILATION, AIR CONDITIONING				Comments – HVAC
1. Heating System Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Air Conditioning Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Heating System Tune-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Air Conditioning Tune-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Distribution System Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Duct Sealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Set-Back Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Filter Installed and one left with client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Measures(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Ventilation Requirements Verified and Comply with ASHRAE 62.2 2013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. CAZ Testing Verified, Documentation is Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Work Meets WV WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATTIC				Comments – Attic Work
1. Attic Insulation Installed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Good Coverage R-value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Insulation Certificate Completed & Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Heat Source/ Vent Damming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Junction Box Markers Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Attic Access Insulated and Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Attic Air Sealing was Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Measure(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Work Meets WV WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIDEWALLS & KNEEWALLS				Comments - Sidewalls
1. Walls Insulated by WAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Plugs, Patching, & Painting appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Measure(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Work Meets WV WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SUBSPACE				
1. Bandboard Insulation added by WAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Floor Insulation added by WAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Basement Wall Insulation added by WAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Vapor Barrier added; Coverage & Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Measure(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Work Meets WV WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS/DOORS				Comments – Windows/Doors
1. Number of Windows Replaced: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Number of Storm Windows Installed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Number of Doors Replaced: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Door Weather-stripping/Thresholds/Sweeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Pre/Post Photo Documentation Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Measure(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Work Meets WV WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER MEASURES

	YES	NO	N/A	Comments – Other Measures
1. Water Heater Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Water Heater Treatment (Tank Wrap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Pipe Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Low Flow Showerheads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lighting - CFLs Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Refrigerator Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Metering/database other documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Carbon Monoxide Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Other H&S Measures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Other Energy Related Repairs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Air Sealing Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Measures were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Work Meets WV WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INCIDENTAL REPAIR MEASURES (IRM's)

1. All IRM's are justified in the client file with an explanation for their need and specific energy conservation measure (ECM) or group of ECM's.

YES ☐ NO ☐ N/A ☐

2. All IRM's are within the \$500.00 limit.

YES ☐ NO ☐ N/A ☐

Does this unit need additional attention from the agency? ☐ Yes ☐ No

(*Add comments on additional pages if necessary, ** A check in the yes box requires completion of the **Required Corrective Action(s) Page**)

Notes:

REQUIRED CORRECTIVE ACTION(s)

All corrections must be completed and signed off by the crew leader. When corrections are completed the QCI must sign off affirming that required deficiencies were addressed to WV WAP standards. If job was inspected and all corrections were made on the final day of job, crew leader (CL) and QCI must sign Work Order to verify completion. Final day inspections must reflect corrections cited by Quality Control Inspector. Report must be included in client file.

Last Revised 4/15/2014 10:49 AM

CL

QCI

Corrections

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Crew Leader Name (Print): _____

Signature: _____ Date: / /

QCI Name (Print): _____

Signature: _____ Date: / /

☐

WX tag has been correctly initialed, dated and posted in the correct locations.

☐

I hereby confirm that this job is considered complete, that all measures have been properly justified and can be reported as a completion.